

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90068 028 ***150.00

DOCUMENT # 209263

1. Entity Name
DELTA AIRCRAFT CORPORATION

Principal Place of Business

**7650 COURTNEY CAMPBELL
 STE 1120
 TAMPA FL 33607
 US**

Mailing Address

**7650 COURTNEY CAMPBELL
 STE 1120
 TAMPA FL 33607
 US**

2. Principal Place of Business

**712 S. Oregon Ave
 Suite Apt. #, etc.
 200**

3. Mailing Address

**712 S. Oregon Ave
 Suite Apt. #, etc.
 200**

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

Zip

33606

Country

4. FEI Number

59-1288530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KRUSEN, W.A., SR.

7650 COURTNEY CAMPBELL CSWY

STE 1120

TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

712 S. Oregon Ave.

Suite 200

City

Tampa

FL

Zip Code

33606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

W.A. Krusen, Sr.

4-25-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	KRAUSEN, ANDREW W J	
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY, # 1120	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DC	<input type="checkbox"/> Delete
NAME	KRUSEN, W. A., SR.	
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY, # 1120	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	TS	<input type="checkbox"/> Delete
NAME	JONES, DOUGLAS N	
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY, # 1120	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krusen, W. A., Jr.	
STREET ADDRESS	712 S. Oregon Ave., Suite 200	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	712 S. Oregon Ave., Suite 200	
STREET ADDRESS	Tampa, FL 33606	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	712 S. Oregon Ave., Suite 200	
STREET ADDRESS	Tampa, FL 33606	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.A. Krusen, Sr.

4-25-02

813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)